



Request for Approval of Non-Graduate Center Mathematics-Doctoral Faculty Dissertation Committee Member

Student Information (please print):

Name: _____ Email: _____

Dissertation Information (please print):

Title: _____

Chairperson: _____

Committee Members/Affiliations: _____

Committee Members Requested*: _____

Rationale for selection of outside reader (please print):

Approval:

Chairperson: _____
Signature Date

Executive Officer: _____
Signature Date

***Please submit this form and the Non-Graduate Center Mathematics Doctoral Faculty member's CV as an email attachment to the APO of Academic Support and Student Progress at dsilverman@gc.cuny.edu. Original signatures are not required.**